

Snohomish County Emergency Response Volunteers (SERV)

Charter

GENERAL PURPOSE

Purpose

The purpose of the SERV team is to prepare community volunteers to staff an Emergency Coordination Center (ECC), and the ECC Call Center as needed.

Vision

Our vision is to help prepare for, respond to and recover from a disaster, contributing the following elements to the County's Emergency Management Plan:

- Performing necessary support functions that allow the Emergency Coordination Center to run smoothly and operate efficiently and effectively to provide necessary support to the incident.
- Refining the Call Center procedures, and train volunteers who can step in to field calls from the public with sensitivity, accuracy, and efficiency.

Governance Structure

SERV is managed by the Department of Emergency Management, as an extension of DEM staff during activation. The SERV Coordinator will plan the trainings and activities of volunteers.

Objectives

- Train all volunteers to fill different roles within the Emergency Coordination Center.
- Train all volunteers to the basic level for staffing the Call Center.
- Identify at least 10 volunteers who can serve as SERV Support Managers
- Refine established Call Center and ECC support procedures

MEMBERSHIP

Expectations of Volunteers

- Complete application and Emergency Worker Card form
- Participate in at least 9,monthly, trainings per year
- Complete ICS 100, 200 and 700
- Participate in one drill or ECC activation per year
- Wear SERV badge to any official trainings, meetings, or activations
- Update contact information with SERV coordinator as needed

Number of Members / Vacancies

SERV is looking for up to 30 dedicated, active, members. DEM staff will recruit new volunteers as needed, and volunteers are encouraged to suggest new members from their personal/business networks.

To join the team, you must submit the following:

- Application
- Background check form signed
- Emergency Worker Card form
- Copies of your ICS 100, 200 and 700 certificates
- Confidentiality Form
- Photography Consent Form
- Computer User Agreement
- Signed form of receipt of Policy/Procedures
- Email a passport style photo of yourself to "snodemserv@snoco.org"

MEETINGS**Regular Trainings**

Trainings will be offered monthly and scheduled by the SERV coordinators. Annual schedules will be distributed to volunteers via email.

Training topics will include up to:

- ECC Orientation
- Flooding Overview
- Call Center training
- Incident Stress Management
- Radio Messaging/Usage
- Joint Information Center

Special Circumstances

Just-in-time trainings will be held as needed in the event of an emergency. Volunteers who wish to serve during a particular incident will need to attend any training that DEM deems necessary to ensure their safety and ability to perform new duties.

ACTIVATION**Notification**

DEM staff can activate SERV, at any time they feel the team is needed. Volunteers will receive notification via phone and/or email, with details about next steps.

Scheduling

The SERV coordinator or his/her designee will be responsible for scheduling volunteers for individual shifts.

Travel

Travel to safe locations within Snohomish County, other than DEM, may be required for some SERV positions during activation. Volunteers are responsible for informing SERV coordinators if they have any transportation restrictions.

Eligibility to Serve During an Emergency

Volunteers who have completed all the necessary requirements (detailed under the "Membership" section) will be eligible for SERV shifts. After serving in an emergency, to remain eligible for future incidents, volunteers must follow the demob process as outlined by the SERV Coordinator per activation.

A Culture of Service

The position descriptions below lay out the core responsibilities and opportunities assigned to the SERV Team. Please be aware the SERV Team members may be asked to contribute in any number of other ways to support the efficient operation of the ECC or any other emergency related task that fits your skill set. The culture of the team is to serve and to contribute in any way possible.

Position Descriptions

Emergency Coordination Center Support

The Snohomish County Emergency Coordination Center (ECC) opens during emergencies. Team members are needed to assist in the day-to-day support functions of the ECC. Tasks may include monitoring the incoming phone calls, assisting with displays throughout the room, writing Situation Reports (and assisting the Planning Section as a whole), helping to input resource requests (assisting the Resource Section), monitoring the front door and screening visitors, data entry, office assistance, and other responsibilities as needed. These team members are critical to keeping the ECC running safely and efficiently.

Call Center

The EOC Call Center is activated in an emergency to handle public calls that come into the information line. SERV Call Center team members relay information needed to the public. Team members must be able to handle calls with sensitivity and discretion.

Contacting the SERV Team:

Please scan/email or mail your application to Jarrod Dibble at:

425.388.5073 desk

720-80th ST. S.W.

Everett, WA 98203

snodemserv@snoco.org

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Emergency Worker Number: _____ - _____

(For DEM staff use only)

Snohomish County Emergency Response Volunteers

Application Form

Apply to be a part of the SERV Team and help our county respond to emergencies.

Please mail this application form to: Attn: SERV Coordinator, Snohomish County Department of Emergency Management, 720 80th St SW, Building A, Everett, WA 98203 or email to: snodemserv@snoco.org.

A. Applicant Information:

Name: _____

Street Address: _____ City/Zip: _____

Cell Phone*: _____ Other Phone: _____ Email: _____

**We ask for a cell phone number so you may be contacted for activations. We require all members to be able to receive text messages.*

B. Emergency Contact:

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

C. Personal Reference

Name: _____ Relation: _____

Phone: _____ Email: _____

Can we contact this person as a volunteer reference? (Circle one) **Yes No**

D. Professional Reference (can be with another volunteer agency)

Name: _____ Company: _____

Title: _____ Phone: _____ Email: _____

Can we contact this person as a professional reference? (Circle one) **Yes No**

E. Additional Information:

If you have any additional expertise in emergency management, please list it here.

F. Any physical limitations or mobility needs: _____

G. Have you completed FEMA ICS 100, 200 and 700? Yes No

All SERV members need to take these courses to be eligible for activation support.

H. Have you read the SERV charter and do you agree to the contents? Yes No

I. How did you find out about SERV?

- ☐ Volunteer Referral Website (Volunteer Match, AllforGood, United Way, etc.)
- ☐ Flyer (where) _____
- ☐ Snohomish County Website
- ☐ Word of mouth (who can we thank?) _____
- ☐ Other _____

Confidentiality

Due to the nature of services that the Snohomish County Emergency Response Volunteers (SERV) provide, you may process information that is confidential and not public record. For that reason you are asked to sign a confidentiality statement indicating that you will keep information to which you have access confidential and not discuss it with anyone other than the staff person with whom you are working.

CONFIDENTIALITY PLEDGE

I, _____ certify that I have read the statement below and agree to comply with the terms.

I realize that as an Emergency Worker with the Department of Emergency Management I may acquire knowledge of confidential information from files, case records, missions, conversations, etc. I agree that such information is not to be discussed or revealed to anyone not authorized to have the information.

Signature

Date

Photography Consent

Snohomish County Department of Emergency Management frequently takes photographs of volunteers in action during trainings, exercises, and incidents. In addition, each volunteer is photographed for identification purposes. Photographs may be used on the website, in newsletters, and other publications.

Please sign the appropriate line below:

I give Snohomish County Department of Emergency Management permission to use my photo as stated above.

Signature

Date

I **DO NOT** give Snohomish county Department of Emergency Management permission to use my photo in any way.

Signature

Date

Receipt of Policy/Procedures

I have received, read through, and agree to the terms laid out in the "Policy and Procedures".

Signature

Date

Non-Employee Computer User Agreement

I, _____, have read and by my signature below agree to abide by the Communications Systems Usage Policy, DIS-002, Electronic Records as Public Records Policy, DIS-003 and Data Storage Restriction to County Devices, DIS-011. In addition, I agree to follow all Snohomish County Policies, procedures and instructions related to technology use. I understand policies may be changed at any time and I will review them as presented in the Volunteer Handbook before I begin my first work period each event or check with the Call Center Supervisor for any changes.

In addition, I will not use any equipment, communication system or internet access for any immoral, illegal or personal purposes.

Signature: _____ Date: _____

Print Name: _____

Address: _____

Phone Number: _____

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BACKGROUND RESEARCH FORM

CERTIFICATE OF AUTHORIZATION

I (name, please print) _____ certify that:

- a I give permission for Snohomish County to complete a criminal background check on me through Washington State Patrol.
- b I understand that the final determination for issuance of an Emergency Worker Identification Card will be at the discretion of the Director of the Snohomish County Department of Emergency Management and can be revoked for any reason.
- c I have read and understand the **WAC 118.04.080, 118.04.100, 118.04.200 and RCW 18.130.360 (available on-line and by request).**

Signed _____ Date _____ (applicant)

Signed _____ Date _____ (parent or guardian of applicant if under 18 y ears of age)

EMERGENCY WORKER REGISTRATION CARD					
Jurisdiction: Snohomish County Department of Emergency Management				Issue Date:	Registration Number:
Name (Last):		(First):	(Middle):		
Address 1:				PHOTOGRAPH	
Address 2:					
City:		State:	Zip Code:		
Driver's License No.:	Date of Birth:		Sex (M-F):		
Height:	Weight:	Color Eyes:	Color Hair:		
Physical Disabilities (If any):					
Home Telephone:		Work Telephone:		- In Case of Emergency - Please Notify:	
I certify that the information on this card is true and correct to my best knowledge and belief.					
Emergency Worker Signature:			Date of Signature:	Name:	
Emergency Worker Assignment (WAC-118-04): General Class				Telephone Number with Area Code:	
Authorizing Signature:		Local Jurisdiction: SNOCO DEM		Date of Signature:	Relation to Emergency Worker: